



STATE OF NEBRASKA
 Department of Health and Human Services
 Regulation & Licensure
 Credentialing Division
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986

ATTACHMENT D
 05/06

APPLICATION FOR PHYSICAL AGENT MODALITY CERTIFICATION

SECTION A - PERSONAL INFORMATION (All applicants must complete this section)

1	Name:	Last:	First:	Middle/Maiden:
2	Permanent Mailing Address	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number: (Optional)		4	Social Security Number:
5	Nebraska License #:		Select OT or OTA license type:	
6	As a practicing occupational therapist in Nebraska, have you administered physical agent modalities after July 1, 2006 without certification? OR As a practicing occupational therapy assistant in Nebraska, have you set up and implemented superficial thermal agent modalities after July 1, 2006 without certification? Answer Yes or No			
	**If yes, how many days have you administered physical agent modalities or set up and implemented superficial thermal agent modalities after July 1, 2006 in Nebraska without certification?			Number of days

SECTION B – CERTIFICATION APPLICATION CATEGORY (all applicants must complete this category)

Please check the box or boxes for the type(s) of physical agent modality for which you are applying:
 (Note - Occupational Therapy Assistants may **only** apply for Superficial Thermal Agents):

<input type="checkbox"/>	Superficial Thermal Agents	<input type="checkbox"/>	Deep Thermal Agents	<input type="checkbox"/>	Electrotherapeutic Agents
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I am applying for physical agent modality certification by one of the following means: (please check the appropriate box below)

Hand Therapist Certification

If applying for physical agent modality certification by certification as a hand therapist, you will need to provide your Hand Therapy Certification Commission Certificate number. Any Occupational Therapist who bases their certificate on their hand therapist certification will receive certification for all three levels of physical agent modalities.

Hand Therapy Certification Commission Certificate # _____ (Please write in certificate number)

Five Years Experience and Passage of Written Examination

If applying for physical agent modality certification by five years of experience, you will need to complete Attachment D1 and submit the Nebraska Physical Agent Modalities Testing Service Examination results to us. You will need to have the provider submit your scores directly to our office. To take the examination, you will need to register online at www.pampca.org for the Nebraska Physical Agent Modalities Testing Service and select the appropriate physical agent modality test.

Education through Basic Occupational Therapy Degree Program

If applying for physical agent modality certification by education, you will need to submit Attachment D2 demonstrating competencies for application of the physical agent modality.

Training Course

If applying for physical agent modality certification by completing a training course, you will need to submit the transcript or certification from one of the Board-approved courses or its equivalent. See Physical Agent Modality Board Approved Training Courses (<http://www.hhs.state.ne.us/crl/rcs/ot/pamtrain.htm>).

If you attended equivalent training, please contact the Credentialing Division for additional information at (402) 471-2299.

THE CERTIFICATION FEE TO APPLY PHYSICAL AGENT MODALITIES IS AS FOLLOWS:

A. Superficial Thermal Agents Modality Certification	\$86
B. Deep Thermal Agents Modality Certification	\$86
C. Electrotherapeutic Agents Modality Certification	\$86
D. A Combination of Modalities Certification	\$86

Payment to the Credentialing Division may be made by personal or cashiers check, cash or money order. Please remit the fee and application to:

Department of Health and Human Services Regulation and Licensure
 Credentialing Division
 Occupational Therapy
 P.O. Box 94986
 Lincoln, NE 68509-4986

SECTION C – Affidavit (All applicants must complete this section)

I, _____ hereby certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Physical Agent Modalities Certification application could be rejected or my certificate revoked by the Nebraska Board of Occupational Therapy.

 Signature of Applicant

 Date

**OCCUPATIONAL THERAPY
PHYSICAL AGENT MODALITY SPECIALITY CERTIFICATION
WITH 5 YEARS OF EXPERIENCE USING PHYSICAL AGENT MODALITIES**

INSTRUCTIONS: Applicant must complete this form listing each employment situation where you have physical agent modality experience.			Check the agent(s) used during this employment		
START & END DATES OF EMPLOYMENT USING PHYSICAL AGENT MODALITIES	NAME OF EMPLOYER, ADDRESS & PHONE NUMBER	NAME OF CLINIC SUPERVISOR OR MANAGER	Superficial Thermal	Deep Thermal	Electrotherapeutic

I, _____ hereby certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Physical Agent Modalities Certification application could be rejected or my certificate revoked by the Nebraska Board of Occupational Therapy.

Signature of Applicant

Date

**OCCUPATIONAL THERAPY
PHYSICAL AGENT MODALITY SPECIALITY CERTIFICATION
FROM BASIC OCCUPATIONAL THERAPY DEGREE PROGRAM**

TO BE FILLED OUT BY APPLICANT: (Please Print)

Name:				
SSN:				
Name when enrolled in degree program:				
Name of College or University:				
Dates of attendance:	From:		To:	
Date of graduation:		Check the appropriate box:	OT	OTA
Name of course(s) to be verified for Physical Agent Modality Content:				
Please check all types of physical agent modality content you wish to have verified by a school official:				
	Superficial Thermal Agents Modalities		Deep Thermal Agents Modalities	
				Electrotherapeutic Agents Modalities

TO BE COMPLETED BY UNIVERSITY OR COLLEGE OFFICIAL: (Please Print)

Name of University/College Official: _____

Title: _____

Name of Institution: _____

Phone Number: _____ Date: _____

The above named therapist is applying for a certificate to administer physical agent modalities in the state of Nebraska as indicated above. The applicant is applying based on completing a course(s) taken during his/her basic occupational therapy degree program at your institution. The applicant is requesting that you verify that the course(s) meets the objectives listed below.

Please check the box that indicates whether or not each content area or type of assessment was included in the course(s).

SUPERFICIAL THERMAL AGENTS	
A written or equivalent examination covering superficial thermal agents was completed	Answer Yes or No
A minimum of 6 hours of education was dedicated to superficial thermal agents	Answer Yes or No
The following competencies were included in the education dedicated to superficial thermal agents:	
Biophysical and biophysiological changes which occur with cryotherapy	Answer Yes or No
Indications, contraindications and precautions for the application of cold agents	Answer Yes or No
Clinical reasoning involved in the application of cold agents	Answer Yes or No
Commonly used types of cold agents	Answer Yes or No

Application procedures for each cold modality	Answer Yes or No	
Definition of the term superficial thermal agent	Answer Yes or No	
Differentiation between the two commonly used methods of heat transfer: conduction and convection	Answer Yes or No	
The four biophysical effects of heat	Answer Yes or No	
The physiologic response to tissue secondary to temperature elevation	Answer Yes or No	
Differentiation between mild, moderate and vigorous dosages of heat	Answer Yes or No	
Indications, precautions, and contraindications that should be considered when using superficial thermal agents	Answer Yes or No	
Proper clinical applications for hot packs, paraffin bath, fluidotherapy, whirlpool, and contrast bath	Answer Yes or No	
Guidelines for educating the client and/or family in the purpose, benefit and potential risk(s) of the modality	Answer Yes or No	
Universal precautions, sterile techniques, infection control, and the use of modalities	Answer Yes or No	

DEEP THERMAL AGENTS

A written or equivalent exam and practical testing of deep thermal agents was completed	Answer Yes or No	
A minimum of 12 hours of training was dedicated to deep thermal agents	Answer Yes or No	
The following competencies were included in the education dedicated to deep thermal agents:		
Theory and rationale for the application of therapeutic ultrasound	Answer Yes or No	
Differentiation between the parameters for therapeutic ultrasound	Answer Yes or No	
Current research trends in the utilization of ultrasound	Answer Yes or No	
Clinical decision making in the determination of the appropriate treatment parameters for ultrasound	Answer Yes or No	
Clinical procedures for the application of ultrasound	Answer Yes or No	
Safe use of ultrasound, contraindications and precautions for treatment	Answer Yes or No	
Methods for maximizing therapeutic effect in the use of phonophoresis as a physical agent modality	Answer Yes or No	

ELECTROTHERAPEUTIC AGENTS	
A written or equivalent exam and practical testing of electrotherapeutic agents was completed	Answer Yes or No
A minimum of 22 hours of training was dedicated to electrotherapeutic agents	Answer Yes or No
The following competencies were included in the education dedicated to electrotherapeutic agents	
Available parameters of electrical stimulation devices and the principles and concepts of electricity	Answer Yes or No
Physiological effects of electrical stimulation	Answer Yes or No
Therapeutic goals of electrical therapy	Answer Yes or No
Physiological events associated with electrical stimulation	Answer Yes or No
Therapeutic relationship of electrotherapy with other therapeutic procedures	Answer Yes or No
Distinguishing characteristic and indications and contraindications of electrical stimulation	Answer Yes or No
Physiological effects of various parameters of electrical stimulation (voltage, type, dosage, duty cycle, etc.)	Answer Yes or No
Clinical application of electrical stimulation in rehabilitation	Answer Yes or No
Clinical reasoning process used to determine selection of Neuromuscular Electrical Stimulation (NMES) and appropriate parameters	Answer Yes or No
Parameters of therapeutic electrical currents	Answer Yes or No
Biophysiological responses to electrical currents	Answer Yes or No
Indications and contraindications for NMES use	Answer Yes or No
Appropriate electrode placement for treatment protocols	Answer Yes or No
Clinical applications for iontophoresis	Answer Yes or No
Definition and differentiation of the clinical application of iontophoresis from phonophoresis	Answer Yes or No
Biophysiology and mechanism related to transdermal delivery of medication	Answer Yes or No
Common medications used in iontophoresis and their pharmacology	Answer Yes or No
Clinical decision making regarding iontophoresis, indications and precautions	Answer Yes or No
The processes in pharmacokinetics: absorption, distribution, and metabolism	Answer Yes or No

The processes of pharmacodynamics as it pertains to routine drugs used in phonophoresis and Iontophoresis	Answer Yes or No
Effects of physical agents, exercise, and manual techniques on pharmacokinetics	Answer Yes or No
The aging process as it relates to pharmacokinetics	Answer Yes or No

Original Signature of University or College Official Required

RETURN Attachment D2 to:

State of Nebraska
Department of Health and Human Services
Regulation & Licensure
Credentialing Division – Occupational Therapy
PO Box 94986
Lincoln, NE 68509-4986